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INTELLECTUAL PROPERTY LAW

To:	U.S. Patent & Trademark Office	From:	Anton J. Hopen
Attn:	Stephen J. Castellano - Art Unit 3727	Client:	1287.02
Fax:	(703) 872-9303	Pages:	13 including coversheet
Phone:	(703) 308-1035	Date:	August 7, 2002
Re:	USPN 09/682,168	CC:	Marshall R. Moore
<input type="checkbox"/> Urgent <input checked="" type="checkbox"/> For Review <input type="checkbox"/> Please Comment <input type="checkbox"/> Please Reply <input type="checkbox"/> Please Recycle			

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AUG 07 2002

GROUP 3700

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Practitioner's Docket No. 1287.02

PATENTS

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re Application of:

MARSHALL R. MOORE

Serial No.: 09/682,168

Art Unit: 3727

Filed: 07/21/2001

Examiner: Stephen J. Castellano

For: Foam Insulated Fuel Tank

Faxed to Technology Center 3720 at (703) 872-9303
Box Non-Fee Amendment
Assistant Commissioner for Patents
Washington, D.C. 20231

AMENDMENT TRANSMITTAL

1. Transmitted herewith is an amendment for this application.

STATUS

2. Applicant is an independent inventor. A statement was already filed.

EXTENSION OF TERM

3. The proceedings herein are for a patent application and the provisions of 37 C.F.R. 1.136 apply. Applicant believes that an extension of term is required. Petition And Fee For Extension of Time is attached hereto.

CERTIFICATE OF FACSIMILE TRANSMISSION
(37 C.F.R. 1.8 (a))

I HEREBY CERTIFY that this Amendment AF, including Exhibit A, is being transmitted by facsimile to the United States Patent and Trademark Office, Technology Center 3700, Art Unit 3727, Attn: Stephen J. Castellano, (703) 872-9303 on August 7, 2002.

Dated: August 7, 2002


Deborah Preza

(Amendment Transmittal—page 1)

FEE FOR CLAIMS

4. The fee for claims (37 C.F.R. 1.16(b)-(d)) has been calculated as shown below:

	(Col. 1)		(Col. 2)	(Col. 3)	SMALL ENTITY	
	Claims Remaining After Amendment		Highest No. Previously Paid For	Present Extra	Rate	Addit. Fee
Total	17	Minus	20	= 0	x \$9 =	\$0
Indep.	1	Minus	3	= 0	x \$42 =	\$0
First Presentation of Multiple Dependent Claim					+ \$130 =	\$0
Total						Addit. Fee \$0.00

- * If the entry in Col. 1 is less than the entry in Col. 2, write "0" in Col. 3.
 - ** If the "Highest No. Previously Paid For" IN THIS SPACE (Column 2, Row 1) is less than 20, enter "20".
 - *** If the "Highest No. Previously Paid For" IN THIS SPACE (Column 2, Row 2) is less than 3, enter "3".
- The "Highest No. Previously Paid For" (Total or Indep.) is the highest number found in the appropriate box in Col. 1 of a prior amendment or the number of claims originally filed.

No Additional fee for claims is required.

FEE DEFICIENCY

5. If any additional extension and/or fee is required, charge Deposit Account No. 500745.
If any additional fee for claims is required, charge Deposit Account No. 500745.


SIGNATURE OF PRACTITIONER

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